

HAWAII ENTERPRISE ZONES (EZ) PROGRAM

INITIAL APPLICATION FOR BUSINESSES

A business interested in participating in the Hawaii EZ Program first must complete this initial application. Your eligibility for EZ tax and other benefits will begin when this application is approved. However, approval of this application does not guarantee that your business will qualify for EZ benefits each year. At the end of each tax year, a report form will be provided to you for submission of the information necessary to determine if your business has satisfied the annual gross receipts and hiring requirements. The information you provide is considered proprietary and confidential in the same way that your tax returns are confidential.

This application has three parts:

- I. *Background Data***
- II. *Tax and Employment Information***
- III. *Declaration***

If your business has establishments in more than one Hawaii enterprise zone, you must complete a separate application for each zone.

Section I, *Background Data*, will be used to verify that your business is eligible for EZ benefits and that your business is actually located in an EZ. This information will also be used to monitor the types of businesses that participate in the EZ program so the overall value of the program can be measured.

Section II, *Tax and Employment Information*, will be used to verify the value of the state tax benefits you claim and the number of employees you report. This information will also be used to monitor the financial impact of the EZ incentives on both the tax liability of participating businesses as well as on state tax revenues (relative to the number of persons hired and the unemployment rate in each EZ) in order to determine the cost-effectiveness of the program.

Section III, *Declaration*, must be signed by a person authorized to act on behalf of the business. An authorized person would be a sole proprietor, a partner, or an officer of a corporation.

When completed, make a copy of the application for your own records and send or take the original to your County EZ coordinator at the address listed on the back of this page.

QUESTIONS? Call the following numbers: Molokai and Lanai: 1-800-468-4644
Oahu: 586-2593 Hawaii: 974-4000 Maui: 984-2400 Kauai: 274-3141
(Dial 6-2593 after you have reached the number you dialed above.)

COUNTY ENTERPRISE ZONES COORDINATORS

CITY AND COUNTY OF HONOLULU:

O'ahu Enterprise Zone Coordinator
Office of Economic Development
Office of the Mayor
715 South King Street
Honolulu, Hawaii 96813
Phone: 527-5741

HAWAII COUNTY:

Office of Research & Development
County of Hawaii
25 Aupuni Street
Hilo, Hawaii 96720-4252
Phone: 961-8366

KAUAI COUNTY:

Office of Economic Development
Office of the Mayor
County of Kauai
4280-B Rice Street
Lihue, Hawaii 96766
Phone: 241-6390

MAUI COUNTY:

Office of Economic Development
Office of the Mayor
County of Maui
200 South High Street
Wailuku, Maui, Hawaii 96793
Phone: 243-7710

I. BACKGROUND DATA

A. Date_____

B. Business Name (used for tax purposes)

C. Type of Business (check one)

☐ Corporation ☐ Partnership ☐ Sole Proprietorship

D. Date Business Was Established_____

E. Location Where Business Was Originally Established (town or city, state and/or country)_____

F. 1) Main Branch or Headquarters Address

2) Mailing Address (if different from above)

I. BACKGROUND DATA (continued)

- 3) Address Enterprise Zone Establishment (if different from Main Branch or Headquarters)

- G. Date Enterprise Zone Establishment Began Operations (if different from date business was established) _____

- H. Contact Person _____
Position _____
Telephone _____

- I. Trade or Business (activities at EZ establishment). Check One or More.

- | | |
|---|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Telecommunications switching and delivery |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Information technology design and production |
| <input type="checkbox"/> Wholesaling | <input type="checkbox"/> Medical research, clinical trials, and telemedicine |
| <input type="checkbox"/> Aviation and/or Maritime Repair and/or Maintenance | <input type="checkbox"/> International business management training or environmental remediation technician training |

- J. Product(s) or Service(s) Provided by EZ Establishment

II. TAX AND EMPLOYMENT INFORMATION

NOTE: When providing the information requested below, leave "All Hawaii Operations" blank if your EZ establishment is your only operation in Hawaii. Also leave blank any questions which request information for a year during which either your EZ establishment and/or other Hawaii operations did not exist.

- A. List Month and Day your Income Tax Year begins

Month _____ Day _____

- B. Most Recent Annual Hawaii General Excise Tax Payment

EZ Establishment\$ _____ All Hawaii Operations\$ _____

- C. Most recent Annual Unemployment Insurance Premium Payment

EZ Establishment\$ _____ All Hawaii Operations\$ _____

- D. Most Recent Annual Hawaii State Income Tax Payment

EZ Establishment \$ _____ All Hawaii Operations\$ _____

- E. Income Taxes Paid to *Other* States (if any) in most recent tax years (NOTE: *This information is necessary only if you did not pay any Hawaii State Income Tax in most recent tax year.*)

19____ State(s) _____ EZ Establishment \$ _____ All Hawaii Operations \$ _____

- F. Real Property Taxes Paid as Owner or Leasee on Property *located in the Enterprise Zone:*

Most Recent Year 19____ \$ _____

Previous Year 19____ \$ _____

Previous Year 19____ \$ _____

- G. Average Monthly Payroll:

Most Recent Year 19 ____ EZ Establishment \$ _____ All Hawaii Operations \$ _____

Previous Year 19 ____ EZ Establishment \$ _____ All Hawaii Operations \$ _____

Previous Year 19 ____ EZ Establishment \$ _____ All Hawaii Operations \$ _____

- H. Current Number of Full-Time Employees at EZ Establishment _____

- I. Participation in any County, State or Federal Government-funded Programs (check appropriate):

☐ Job Training since _____

☐ Business Loans, since _____

☐ Other (Please Specify) _____

☐ None _____

III. DECLARATION

I, the undersigned representative of the business firm for which this Application is being submitted, declare that this Application has been examined by me and is, to the best of my knowledge, an accurate statement.

PRINT NAME OF APPLICANT: _____

Signature of Applicant: _____

Applicant's Title or Position: _____

Applicant's Taxpayer Identification or Social Security Number: _____

COUNTY: APPROVED _____ DISAPPROVED _____ DATE _____

DBEDT: APPROVED _____ DISAPPROVED _____ DATE _____

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